

# TEEN SOCIAL HISTORY

CLIENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

<b>NAME</b>	<b>AGE</b>	<b>RELATION TO CLIENT</b>	<b>CAREER</b>
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**CONCERNS:**

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**THEORY REGARDING CONCERNS:**

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**PREVIOUS HELP FOR CONCERN:**

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**STRATEGIES TRIED TO ADDRESS CONCERN/ISSUE(S):**

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**INTERESTS, HOBBIES, PLAY HISTORY:**

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**TALENTS:**

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**SCHOOL/ACADEMIC FUNCTIONING:**

**SCHOOL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**GRADES:** \_\_\_\_\_ **BEST:** \_\_\_\_\_ **WORST:** \_\_\_\_\_

**BEHAVIOR/SOCIAL CONCERNS:**

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**FRIENDSHIPS: (NUMBER, BEST, QUALITY OF INTERACTIVE PLAY)**

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**PAST OR PRESENT TRAUMA OR ABUSE:**

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**DATING HISTORY (CURRENT AND PAST) :**

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**WHAT DO YOU LIKE ABOUT YOUR YOURSELF?**

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**INTERESTS AND HOBBIES:**

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**SUPPORT NETWORK:**

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**RELIGIOUS/SPIRITUAL BELIEFS:**

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**MEDICAL HISTORY**

**PRIMARY DOCTOR:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**MEDICATIONS(NAME,DOSAGE, SIDE EFFECTS):**

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**MEDICAL CONDITIONS, INJURIES, HOSPITALIZATIONS?**

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**ALLERGIES:** \_\_\_\_\_

**ALCOHOL AND DRUG USAGE, PAST AND PRESENT (TYPE, QUANTITY):**

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**DIET AND EXERCISE HABITS:**

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**PSYCHOLOGICAL HISTORY (DIAGNOSIS, MEDS, FAMILY HISTORY):**

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**HEALTH AS A CHILD:**

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**LEGAL ISSUES (PAST OR PRESENT):**

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**SUMMARY OF CURRENT STRESSORS/ISSUES:**

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**COUNSELING GOALS:**

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3. 

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